

Application For Lead-Based Paint Certification – Individual

Department of Community Trade and
Economic Development
Lead-Based Paint Program
906 Columbia Street SW PO Box 42525
Olympia, Washington 98504-2525
360-586-LEAD (360-586-5323)

For Department use only Cert. # _____ Issuance Date _____ Expiration Date _____
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Type of Certification Currently Held (Check as many as applicable)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Risk Assessor | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Project Designer |
| <input type="checkbox"/> Inspector | <input type="checkbox"/> Worker | |

Fees

\$25for all disciplines. Make checks payable to CTED.

Name: _____
Last First M.I.

Social Security Number (REQUIRED BY LAW): ____ / ____ / ____

Residence Mailing Address: _____
Number Street Apt. #

City State Zip Code

Telephone # FAX #

Email Address

Business or Firm Name: _____

Firm Mailing Address: _____
Number Street Suite #

City State Zip Code

Telephone # Mobile/Cellular # FAX #

Application Checklist

- | | | |
|---|---|---|
| <input type="checkbox"/> Application Signed | <input type="checkbox"/> Documentation of Experience | <input type="checkbox"/> Documentation of Education |
| <input type="checkbox"/> Application Fee(s) | <input type="checkbox"/> Documentation of Lead-Based Paint Training | |
| <input type="checkbox"/> Two Recent Passport Photos | | |

I certify that I have read and shall comply with Chapter 365-230 WAC, the rules adopted pursuant thereto and that the information and documentation given in this application is complete and accurate to the best of my knowledge

Signature \ _____ Date Signed: _____